

2/21/07

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

for

Indiana

COMPREHENSIVE MULTISYSTEM ASSESSMENT

Children and Youth 5 to 17

Manual

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**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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Child's Name: _____ DOB _____

CODING DEFINITIONS

LIFE DOMAIN FUNCTIONING

<i>Check</i>	FAMILY <i>Please rate the highest level from the past 30 days</i>
0	Child is doing well in relationships with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

<i>Check</i>	LIVING SITUATION <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

<i>Check</i>	SCHOOL <i>Please rate the highest level from the past 30 days</i>
0	Child is performing well in school.
1	Child is performing adequately in school although some problems may exist.
2	Child is experiencing moderate problems with school attendance, behavior, and/or achievement.
3	Child is experiencing severe problems in school with school attendance, behavior and/or achievement.

<i>Check</i>	SOCIAL FUNCTIONING <i>Please rate the highest level from the past 30 days</i>
0	Child has positive social relationships.
1	Child is having some minor problems in social relationships
2	Child is having some moderate problems with his/her social relationships.
3	Child is experiencing severe disruptions in his/her social relationships.

<i>Check</i>	RECREATION <i>Please rate the highest level from the past 30 days</i>
0	Child has and enjoys positive recreation activities on an ongoing basis.
1	Child is doing adequately with recreational activities although some problems may exist.
2	Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

<i>Check</i>	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no developmental problems.
1	Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ.
2	Child has developmental delays or mild mental retardation.
3	Child has severe and pervasive developmental delays or profound mental retardation.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	COMMUNICATION <i>Please rate the highest level from the past 30 days</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

Check	JUDGMENT <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problems with judgment or poor decision making that result harm to development and/or well-being.
1	History of problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being. For example, a child who has a history of hanging out with other children who shoplift.
2	Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being.
3	Problems with judgment that place the child at risk of significant physical harm.

Check	JOB FUNCTIONING <i>Please rate the highest level from the past 30 days</i>
0	Youth is excelling in a job environment.
1	Youth is functioning adequately in a job environment.
2	Youth has problems with his/her development of vocational or prevocational skills.
3	Youth is having major difficulties functioning in a job environment.
NA	Child/youth is not working.

Check	LEGAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

Check	MEDICAL <i>Please rate the highest level from the past 30 days</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

Check	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	SLEEP <i>Please rate the highest level from the past 30 days</i>
0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep
3	Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep.

Check	INDEPENDENT LIVING SKILLS <i>This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.</i>
0	This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
1	This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. This level indicates a person who is fully capable of independent living. Youth needs to learn additional independent living skills.
2	This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are apparent. Youth needs to learn independent living skills.
3	This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment. Youth needs a an immediate intervention to develop an independent living plan.

CHILD STRENGTHS

Check	FAMILY <i>Please rate the highest level from the past 30 days</i>
0	Family has strong relationships and excellent communication.
1	Family has some good relationships and good communication.
2	Family needs some assistance in developing relationships and/or communications.
3	Family needs significant assistance in developing relationships and communications or child has no identified family.

Check	INTERPERSONAL <i>Please rate the highest level from the past 30 days</i>
0	Child has well-developed interpersonal skills and friends.
1	Child has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child needs significant help in developing interpersonal skills and healthy friendships.

Check	OPTIMISM <i>Please rate the highest level from the past 30 days</i>
0	Child has a strong and stable optimistic outlook on his/her life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing any positives about him/herself or his/her life.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	EDUCATIONAL <i>Please rate the highest level from the past 30 days</i>
0	School works closely with child and family to identify and successfully address child's educational needs OR child excels in school.
1	School works with child and family to identify and address child's educational needs OR child likes school.
2	School currently unable to adequately address child's needs.
3	School unable and/or unwilling to work to identify and address child's needs.

Check	VOCATIONAL <i>Please rate the highest level from the past 30 days</i>
0	Child has vocational skills and relevant work experience.
1	Child has some vocational skills or work experience.
2	Child has some prevocational skills or vocational interests.
3	No vocational strengths identified or youth needs significant assistance developing vocational skills.

Check	TALENTS/INTEREST <i>Please rate the highest level from the past 30 days</i>
0	Child has a talent that provides him/her with pleasure and/or self esteem.
1	Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child has no identified talents, interests or hobbies.

Check	SPIRITUAL/RELIGIOUS <i>Please rate the highest level from the past 30 days</i>
0	Child receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has no identified religious or spiritual beliefs or interest in these pursuits.

Check	COMMUNITY LIFE <i>Please rate the highest level from the past 30 days</i>
0	Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Child is somewhat involved with his/her community.
2	Child has an identified community but has only limited ties to that community.
3	Child has no identified community to which he/she is a member.

Check	RELATIONSHIP PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.

Check	YOUTH INVOLVEMENT WITH CARE <i>This item refers to the youth's participation in efforts to address his/her identified needs.</i>
0	Child is knowledgeable of needs and helps direct planning to address them.
1	Child is knowledgeable of needs and participate in planning to address them.
2	Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
3	Child is neither knowledgeable about needs nor willing to participate in any process to address them.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	NATURAL SUPPORTS <i>Refers to unpaid helpers in the child's natural environment.. All family members and paid care givers are excluded.</i>
0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports who provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers).

ACCULTURATION

Check	LANGUAGE <i>This item includes both spoken and sign language.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

Check	IDENTITY <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

Check	RITUAL <i>Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).</i>
0	Child and family are consistently able to practice rituals consistent with their cultural identity.
1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Child and family are unable to practice rituals consistent with their cultural identity.

Check	CULTURE STRESS <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	No evidence of stress between caregiver's cultural identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation.
2*	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

CAREGIVER STRENGTHS & NEEDS

Check	SUPERVISION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Check	INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for child.
1	Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting child in residential care.

Check	KNOWLEDGE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Check	ORGANIZATION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

Check	SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or friend social network that actively help with raising the child (e.g. child rearing).
2	Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver no family or social network that may be able to help with raising the child (e.g. child rearing).

Check	RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Check	MENTAL HEALTH <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health use difficulties that make it impossible for them to parent at this time.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Check	ACCESSIBILITY TO CHILD CARE SERVICES <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

Check	FAMILY STRESS <i>Please rate the highest level from the past 30 days</i>
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

Check	SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood who might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

***All referrants are legally required to report suspected child abuse or neglect to the hotline**

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Check	PSYCHOSIS <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

Check	IMPULSIVITY/HYPERACTIVITY <i>Please rate based on the past 30 days</i>
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

Check	DEPRESSION <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

Check	ANXIETY <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Check	OPPOSITIONAL <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	CONDUCT <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

Check	ADJUSTMENT TO TRAUMA <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with traumatic life event/s.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

Check	ANGER CONTROL <i>Please rate based on the past 30 days</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of substance use.
2	Clear evidence of substance abuse that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

Check	EATING DISTURBANCE <i>Please rate the highest level from the past 30 days</i>
0	No evidence of eating disturbance
1	Mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa). Food hoarding also would be rated here.
3	Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

CHILD RISK BEHAVIORS

Check	SUICIDE RISK <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History but no recent ideation or gesture.
2	Recent ideation or gesture but not in past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.

Check	SELF-MUTILATION <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of self-mutilation.
2	Engaged in self mutilation that does not require medical attention.
3	Engaged in self mutilation that requires medical attention.

Check	OTHER SELF HARM <i>Please rate the highest level from the past 30 days</i>
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

Check	DANGER TO OTHERS <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm.

Check	SEXUAL AGGRESSION <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
2	Child is engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually aggressive behavior in the past 30 days.

Check	RUNAWAY <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
2	Recent runaway behavior or ideation but not in past 7 days.
3	Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR child is currently a runaway.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	DELINQUENCY <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of delinquency but no acts of delinquency in past 30 days.
2	Recent acts of delinquency.
3	Severe acts of delinquency that places others at risk of significant loss or injury or place child at risk of adult sanctions.

Check	FIRE SETTING <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of fire setting but not in the past six months.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

Check	SOCIAL BEHAVIOR <i>Please rate the highest level from the past 30 days</i>
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

Check	BULLYING
0	Youth has never engaged in bullying at school or in the community.
1	Youth has been involved with groups that have bully other youth either in school or the community; however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth
3	Youth has repeated utilized threats or actual violence to bully youth in school and/or community.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

INDIVIDUALIZED ASSESSMENT MODULES

Complete any specific module only if indicated on the initial page(s)

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ **Date of Birth:** _____

SCHOOL MODULE

Name of School: _____ **Grade:** _____

Date Enrolled: _____ **Contact person:** _____

Address: _____

Phone: _____ **Email:** _____

	0	1	2	3
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relations with Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Key

0=no evidence of problems

1=history, mild

2=moderate/actionable

3=severe/immediate or intensive
action

Describe the child's school issues:

Does the child have any of the following qualifying conditions (circle all that apply):

Autism Spectrum Disorder

Hearing Impairment

Orthopedic Impairment

Communication Disorder

Learning Disability

Other health Impairment

Deaf-blind

Mental Disability

Traumatic Brain Injury

Developmental Delay

Multiple Disabilities

Visual Impairment

Emotional Disability

Does the child have an Individualized Education Plan in place? ☐ Yes ☐ No

If so, describe the components of the plan:

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**SCHOOL MODULE
Coding Definitions**

Check	SCHOOL BEHAVIOR <i>Please rate the highest level from the past 30 days</i>
0	Child is behaving well in school.
1	Child is behaving adequately in school although some behavior problems exist.
2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

Check	SCHOOL ACHIEVEMENT <i>Please rate the highest level from the past 30 days</i>
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.

Check	SCHOOL ATTENDANCE <i>Please rate the highest level from the past 30 days</i>
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is generally truant or refusing to go to school.

Check	RELATION WITH TEACHER(S) <i>Please rate the highest level from the past 30 days</i>
0	Child has good relations with teachers.
1	Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).
2	Child has difficult relations with teachers that notably interferes with his/her education.
3	Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ **Date of Birth:** _____

DEVELOPMENTAL NEEDS (DD) MODULE

This module is intended to describe any needs that might involve services for Developmental Disabilities including services provided through the Department of Developmental Disabilities.

	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Key

0=no evidence of problems
1=history, mild
2=moderate/actionable
3=severe/intensive action

Specify IQ: _____ (Circle if Unknown) **Unknown**

Means of assessment: _____

Specify Developmental Diagnoses: _____

Does the child require any special assistive devices? (Circle response) YES NO

If YES, please specify: _____

Does the child require any special accommodations for home or school? (Circle response) YES NO

If YES, please specify: _____

Comments: _____

Name of Person completing Evaluation (print): _____

Signature of Evaluator: _____

Phone #: _____

Date: _____

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**DEVELOPMENTAL DISABILITY (DD) MODULE
Coding Definitions**

Check	COGNITIVE <i>Please rate the highest level from the past 30 days</i>
0	Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.
1	Child has low IQ (70 to 85) or has identified learning challenges.
2	Child has mild mental retardation. IQ is between 55 and 70.
3	Child has moderate to profound mental retardation. IQ is less than 55.

Check	COMMUNICATION <i>Please rate the highest level from the past 30 days</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</i>
0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder.

Check	SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

FAMILY/CARETAKER MODULE

KEY:

0=no evidence
1=history or sub-threshold, watch/prevent
2=causing problems, intervene
3=causing severe/dangerous problems, immediate and/or intensive intervention

<i>Check</i>	SELF-CARE/DAILY LIVING SKILLS <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, clothing) of their youth.</i>
0	The caregiver has the daily living skills needed to care for their youth
1*	The caregiver needs verbal prompting to complete the daily living skills required to care for their youth.
2	The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their youth.
3	The caregiver is unable to complete the daily living skills required to care for their youth. Caregiver needs immediate intervention.

<i>Check</i>	CULTURE STRESS <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	No evidence of stress between caregiver's cultural identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation.
2*	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

<i>Check</i>	EMPLOYMENT/EDUCATIONAL FUNCTIONING <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i>
0	Caregiver is gainfully employed and/or in school.
1*	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
2	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
3	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Check	EDUCATIONAL ATTAINMENT <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

Check	LEGAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3*	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

Check	MOTIVATION FOR CARE <i>This rating captures the desire of the caregiver to support their youth in care. The person need not have an understanding of their illness, however they participate in recommended or prescribed care (e.g., taking prescribed medications and cooperating with care providers).</i>
0	The caregiver is engaged in his/her youth's care and supports his/her youth in participating in care.
1*	The caregiver is willing for his/her youth to participate in care, however the caregiver may need prompts at times. Caregiver needs to be monitored and assessed further.
2	The caregiver is often unwilling to support his/her youth's care and is often uncooperative with service providers. Caregiver/youth needs to be engaged in care.
3	The caregiver refuses to allow his/her youth to participate in care including taking prescribed medications or cooperating with recommended care. Service coordinator needs to meet with referral source and team to revisit goals.

Check	FINANCIAL RESOURCES <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has sufficient financial resources to raise the youth (e.g., youth rearing).
1	Caregiver has some financial resources that actively help with raising the youth (e.g. youth rearing).
2	Caregiver has limited financial resources that may be able to help with raising the youth (e.g., youth rearing).
3*	Caregiver has no financial resources to help with raising the youth (e.g. youth rearing). Caregiver needs financial resources

Check	TRANSPORTATION <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her youth.</i>
0	Youth and his/her caregiver have no transportation needs. Caregiver is able to get his/her youth to appointments, school, activities, etc. consistently.
1	Youth and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. no more than weekly.
2*	Youth and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting youth and access to transportation resources.
3	Youth and his/her caregiver have no access to appropriate transportation and is unable to get his/her youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ Date of Birth: _____

TRAUMA MODULE

Characteristics of the Traumatic Experience(s): *see attached coding definitions*

	0	1	2	3	
Sexual Abuse	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>see below</i>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

KEY: Traumatic Experience(s)

0=no evidence
1=history or sub-threshold, watch/prevent
2=causing problems, consistent with diagnosable disorder
3=causing severe/dangerous problems

Other Traumatic Experience(s) (e.g. natural disasters): _____

If Sexual Abuse >0, complete the following:

	0	1	2	3
Emotion Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adjustment: *see attached coding definitions*

	0	1	2	3
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Before Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

KEY: Adjustment

0=no evidence
1=history or sub-threshold, watch/prevent
2=causing problems, consistent with diagnosable disorder
3=causing severe/dangerous problems

What Trauma Treatment/Services have been tried in the past and have been helpful?

What Trauma Treatment/Services have been tried in the past and not been helpful?

Recommendations for Treatment Approach:

Name of Person completing Evaluation (print): _____

Signature of Evaluator: _____

Phone #: _____

Date: _____

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

TRAUMA MODULE

Coding Definitions

Characteristics of the Traumatic Experience:

<i>Check</i>	SEXUAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced sexual abuse.
1	Child has experienced one episode of sexual abuse or there is a suspicion that child has experienced sexual abuse but no confirming evidence.
2	Child has experienced repeated sexual abuse.
3	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

<i>Check</i>	PHYSICAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced physical abuse.
1	Child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
2	Child has experienced repeated physical abuse.
3	Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

<i>Check</i>	EMOTIONAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced emotional abuse.
1	Child has experienced mild emotional abuse.
2	Child has experienced emotional abuse over an extended period of time (at least one year).
3	Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

<i>Check</i>	MEDICAL TRAUMA <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced any medical trauma.
1	Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Child has experienced life threatening medical trauma.

<i>Check</i>	NATURAL DISASTER <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced any natural disaster.
1	Child has been indirectly affected by a natural disaster.
2	Child has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Child has experienced life threatening natural disaster.

<i>Check</i>	WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime</i>
0	There is no evidence that child has witnessed family violence.
1	Child has witnessed one episode of family violence.
2	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**TRAUMA MODULE (continued)
Coding Definitions**

<i>Check</i>	WITNESS TO COMMUNITY VIOLENCE <i>Please rate within the lifetime</i>
0	There is no evidence that child has witnessed violence in the community.
1	Child has witnessed fighting or other forms of violence in the community
2	Child has witnessed the significant injury of others in his/her community.
3	Child has witnessed the death of another person in his/her community.

<i>Check</i>	WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime</i>
0	There is no evidence that child has been victimized or witness significant criminal activity.
1	Child is a witness of significant criminal activity.
2	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

If a child has been sexually abused:

<i>Check</i>	EMOTIONAL CLOSENESS TO PERPETRATOR
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g. parent, sibling).

<i>Check</i>	FREQUENCY OF ABUSE
0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred two to ten times.
3	Abuse occurred more than ten times.

<i>Check</i>	DURATION
0	Abuse occurred only one time.
1	Abuse occurred within a six month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

<i>Check</i>	FORCE
0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**TRAUMA MODULE (continued)
Coding Definitions**

<i>Check</i>	REACTION TO DISCLOSURE
0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

Adjustment:

<i>Check</i>	AFFECT REGULATION <i>Please rate the highest level from the past 30 days</i>
0	Child has no problems with affect regulation.
1	Child has mild to moderate problems with affect regulation.
2	Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interferes with child's functioning in some life domains.
3	Child unable to regulate affect.

<i>Check</i>	INTRUSIONS <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that child experiences intrusive thoughts of trauma.
1	Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning.
2	Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
3	Child experiences repeated and severe intrusive thoughts of trauma.

<i>Check</i>	ATTACHMENT <i>Please rate the highest level from the past 30 days</i>
0	No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
1	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
3	Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

<i>Check</i>	DISSOCIATION <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence of dissociation.
1	Child may experience some symptoms of dissociation.
2	Child clearly experiences episodes of dissociation.
3	Profound dissociation occurs.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**TRAUMA MODULE (continued)
Coding Definitions**

<i>Check</i>	TIME BEFORE TREATMENT
0	Trauma was recognized and treatment started within one month of initial experience.
1	Trauma was recognized and treatment started within one to six months of initial experience.
2	Trauma was recognized and treatment started within six months to one year of the initial experience.
3	Trauma was not recognized nor treated for more than one year after the initial experience.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ **Date of Birth:** _____

SUBSTANCE USE DISORDER (SUD) MODULE

	0	1	2	3	
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>see attached coding definitions</i>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Environment Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

KEY

0=no evidence

1=history or sub-threshold, watch/prevent

2=causing problems, consistent with diagnosable disorder

3=causing severe/dangerous problems

Specify Substance-related diagnoses: _____

DRUG	ROUTE of ADMIN.	Age at 1 st Use	Regular Use? (circle response)	Past 48 hours? (circle response)	Monthly Cost
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	

What Substance Abuse Treatment/Services have been tried in the past and have been helpful?

What Substance Abuse Treatment/Services have been tried in the past and not been helpful?

Comments: _____

Name of Person completing Evaluation (print): _____

Signature of Evaluator: _____

Phone #: _____

Date: _____

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**SUBSTANCE USE MODULE
Coding Definitions**

Check	SEVERITY OF USE <i>Please rate the highest level from the past 30 days</i>
0	Child is currently abstinent and has maintained abstinence for at least six months.
1	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Child actively uses alcohol or drugs but not daily.
3	Child uses alcohol and/or drugs on a daily basis.

Check	DURATION OF USE <i>Please rate the highest level from the past 30 days</i>
0	Child has begun use in the past year.
1	Child has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Child has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Child has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

Check	STAGE OF RECOVERY <i>Please rate the highest level from the past 30 days</i>
0	Child is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Child is actively trying to use treatment to remain abstinent.
2	Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Child is in denial regarding the existence of any substance use problem.

Check	PEER INFLUENCES <i>Please rate the highest level from the past 30 days</i>
0	Youth's primary peer social network does not engage in alcohol or drug use.
1	Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.
3	Youth is a member of a peer group that consistently engages in alcohol or drug use.

Check	PARENTAL INFLUENCES <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that youth's parents have ever engaged in substance abuse.
1	One of youth's parents has history of substance abuse but not in the past year.
2	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
3	One or both of youth's parents use alcohol or drugs with the youth.

Check	ENVIRONMENTAL INFLUENCES <i>Please rate the environment around the youth's living situation</i>
0	No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.
1	Mild problems in the child's environment that might expose the child to alcohol or drug use.
2	Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.
3	Severe problems in the child's environment that stimulate the child to engage in alcohol or drug.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ Date of Birth: _____

VIOLENCE MODULE

Historical Risk Factors	0	1	2	3
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe important Historical Risk Factors:				

Emotional/Behavioral Risks	0	1	2	3
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary gains from anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe important Emotional/Behavioral Risks:				

Resiliency Factors	0	1	2	3
Awareness of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe important resiliency factors that help reduce the risk of future violence:				

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

CODING CRITERIA

Historical Risk Factors

Historical risk factors are rated over the lifetime of the youth.

Check	HISTORY OF PHYSICAL ABUSE
0	No evidence of a history of physical abuse
1	Youth has experienced corporal punishment.
2	Youth has experienced physical abuse on one or more occasions from care giver or parent.
3	Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care

Check	HISTORY OF VIOLENCE
0	No evidence of any history of violent behavior by the youth.
1	Youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).
2	Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
3	Youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

Check	WITNESS TO DOMESTIC VIOLENCE
0	No evidence that youth has witnessed domestic violence.
1	Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.
2	Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.
3	Youth has witness to murder or rape of a family member

Check	WITNESS TO ENVIRONMENTAL VIOLENCE
0	No evidence that youth has witnessed violence in his/her environment and does not watch an excessive amount of violent media
1	Youth has not witness violence in her environment and but watches an excessive amount of violent media including movies and video games.
2	Youth has witnessed at least one occasion of violence in his/her environment.
3	Youth has witnessed a murder or rape.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Emotional/Behavioral Risks (Violence)

Emotional/Behavioral Risks are rated based on the past 30 days

Check	FRUSTRATION MANAGEMENT
0	Youth appears to be able to manage frustration well. No evidence of problems of frustration management.
1	Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm self down following an angry outburst.
2	Youth has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.
3	Youth becomes explosive and dangerous to others when frustrated. He/she demonstrates little self control in these situations and others must intervene to restore control

Check	HOSTILITY
0	Youth appears to not experience or express hostility except in situations where most people would become hostile.
1	Youth appears hostile but does not express it. Others experience youth as being angry.
2	Youth expresses hostility regularly.
3	Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething'

Check	PARANOID THINKING <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth does not appear to engage in any paranoid thinking.
1	Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
2	Youth believes that others are 'out to get' him/her. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded but at other times can be open and friendly. Suspicions can be allayed with reassurance.
3	Youth believes that others plan to cause them harm. Youth is nearly always suspicious and guarded.

Check	VIOLENT THINKING <i>Please rate the youth's highest level in the past 30 days.</i>
0	There is no evidence that youth engages in violent thinking.
1	Youth has some occasional or minor thoughts about violence.
2	Youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
3	Youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a youth who spontaneously and frequently draws only violent images may be rated here.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Resiliency Factors

Resiliency Factors are rated based on the past 30 days.

Check	AWARENESS OF VIOLENCE POTENTIAL <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.
1	Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.
2	Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.
3	Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

Check	RESPONSE TO CONSEQUENCES <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.
1	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.
2	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.
3	Youth is unresponsive to consequences for his/her violent behavior.

Check	COMMITMENT TO SELF CONTROL <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth fully committed to controlling his/her violent behavior.
1	Youth is generally committed to control his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.
2	Youth ambivalent about controlling his/her violent behavior.
3	Youth not interested in controlling his/her violent behavior at this time.

Check	TREATMENT INVOLVEMENT <i>Please rate the youth's highest level in the past 30 days.</i>
0	Youth fully involved in his/her own treatment. Family supports treatment as well.
1	Youth or family involved in treatment but not both. Youth may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.
2	Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
3	Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ **Date of Birth:** _____

SEXUALLY AGGRESSIVE BEHAVIOR (SAB) MODULE

Date of most recent sexually abusive behavior: ____/____/____

Note: Sexually abusive behavior is defined as non-consenting sexual activity initiated by the abuser in which one of the following conditions apply: use or threat of physical force, age differential, power differential. A child or youth is only assessed on this dimension if they were an active abuser in this form of sexual abuse of another person.

Describe the most recent behavior (include activity, circumstances, reasons and results):

Was sexual act against a family member? (Circle Response) Yes No Identify _____

	0	1	2	3	see attached coding definitions
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
History of Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

KEY

0=no evidence
1=history, watch/prevent
2=recent, act
3=acute, act immediately

Is the youth currently subject to the provisions of Megan's Law? (Circle response) YES NO TIER
1 2 3

What Specialty Sexual Aggression Treatment/Services have been tried in the past and have been helpful?

What Specialty Sexual Aggression Treatment/Services have been Tried in the past and not been helpful?

Recommendations for Treatment Approach:

Go to Trauma Module (See Child Behavioral/Emotional Section)

Name of Person completing Evaluation (print): _____

Signature of Evaluator: _____

Phone #: _____

Date: _____

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**SEXUALLY ABUSIVE BEHAVIOR MODULE
Coding Definitions**

Check	RELATIONSHIP <i>Please rate the most recent episode of sexual behavior</i>
0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.
2	Child is clearly victimizing at least one other individual with sexually abusive behavior.
3	Child is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

Check	PHYSICAL FORCE/THREAT <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

Check	PLANNING <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

Check	AGE DIFFERENTIAL <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

Check	TYPE OF SEX ACT <i>Please rate the highest level from the most recent episode of sexual behavior</i>
0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

Check	RESPONSE TO ACCUSATION <i>Please rate the highest level from the past 30 days</i>
0	Child admits to behavior and expresses remorse and desire to not repeat.
1	Child partially admits to behaviors and expresses some remorse.
2	Child admits to behavior but does not express remorse.
3	Child neither admits to behavior nor expresses remorse. Child is in complete denial.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**SEXUALLY ABUSIVE BEHAVIOR MODULE (continued)
Coding Definitions**

<i>Check</i>	TEMPORAL CONSISTENCY
0	This level indicates a child who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
1	This level indicates a child who has been sexually abusive during the past two years OR child who has become sexually abusive in the past three months despite the absence of any clear stressors.
2	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
3	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

<i>Check</i>	HISTORY OF SEXUALLY ABUSIVE BEHAVIOR (toward others)
0	Child or adolescent has only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Child or adolescent has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
2	Child or adolescent has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Child or adolescent has more than ten incidents of sexually abusive behavior with more than one victim.

<i>Check</i>	SEVERITY OF SEXUAL ABUSE
0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
2	This level is to indicate a moderate level of sexual abuse. This may involve a child who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.

<i>Check</i>	PRIOR TREATMENT
0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success.
2	History residential treatment where there has been successful completion of program.
3	History of residential or outpatient treatment condition with little or no success.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ **Date of Birth:** _____

RUNAWAY MODULE

	0	1	2	3	<i>see attached coding definitions</i>
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

KEY

0=no evidence
1=history, watch/prevent
2=recent, act
3=acute, act immediately

To what locations has the child run in the past:

What reasons has the youth given for running in the past:

In the past, what does the youth do while on run?

Has any approach been successful in the past in helping youth control his/her running?

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Coding Definitions

<i>Check</i>	FREQUENCY OF RUNNING
0	Youth has only run once in past year
1	Youth has run on multiple occasions in past year.
2	Youth runs run often but not always.
3	Youth runs at every opportunity.

<i>Check</i>	CONSISTENCY OF DESTINATION
0	Youth always runs to the same location.
1	Youth generally runs to the same location or neighborhood
2	Youth runs to the same community but the specific locations change.
3	Youth runs to no planned destination.

<i>Check</i>	SAFETY OF DESTINATION
0	Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).
1	Youth runs to generally safe environments; however, they might be somewhat unstable or variable.
2	Youth runs to generally unsafe environments that cannot meet his/her basic needs.
3	Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

<i>Check</i>	INVOLVEMENT IN ILLEGAL ACTIVITIES
0	Youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
2	Youth engages in delinquent activities while on run.
3	Youth engages in dangerous delinquent activities while on run (e.g. prostitution)

<i>Check</i>	LIKELIHOOD OF RETURN ON OWN
0	Youth will return from run on his/her own without prompting.
1	Youth will return from run when found but not without being found.
2	Youth will make him/her difficult to find and/or might passively resist return once found.
3	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

<i>Check</i>	INVOLVEMENT WITH OTHERS
0	Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run. .
1	Others enable youth running by not discouraging youth's behavior.
2	Others involved in running by actively helping or encouraging youth.
3	Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

<i>Check</i>	REALISTIC EXPECTATIONS
0	Youth has realistic expectations about the implications of his/her running behavior.
1	Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Youth has unrealistic expectations about the implications of their running behavior.
3	Youth has obviously false or delusional expectations about the implications of their running behavior.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

<i>Check</i>	PLANNING
0	Running behavior is completely spontaneous and emotionally impulsive.
1	Running behavior is somewhat planned but not carefully.
2	Running behavior is planned.
3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ **Date of Birth:** _____

JUVENILE JUSTICE (JJ) MODULE

Date of most recent criminal/delinquent behavior: ____/____/____

	0	1	2	3	<i>see attached coding definitions</i>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

KEY

0=no evidence
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2=recent, act
3=acute, act immediately

During the past year has the youth committed acts of crime/delinquency against property? (Circle response) YES NO

If YES, please specify: _____

During the past year has the youth committed acts of crime/delinquency against people? (Circle response) YES NO

If YES, please specify: _____

Has the youth used a weapon in the commission of an act of crime/delinquency? (Circle response) YES NO

If YES, please specify: _____

Has the youth committed any acts of crime/delinquency involving illegal substances? (Circle response) YES NO

If YES, please specify: _____

Describe any current court orders: _____

Court Contact Person: _____

Telephone: _____

Probation Officer: _____ Telephone _____

Current Living Situation of Youth: _____

Comments: _____

Name of Person completing Evaluation (print): _____

Signature of Evaluator: _____

Phone #: _____ Date: _____

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**JUVENILE JUSTICE (JJ) MODULE
Coding Definitions**

Check	SERIOUSNESS <i>Please rate the highest level from the past 30 days</i>
0	Youth has engaged only in status violations (e.g. curfew).
1	Youth has engaged in delinquent behavior.
2	Youth has engaged in criminal behavior.
3	Youth has engaged in criminal behavior that places other citizens at risk of significant physical harm.

Check	HISTORY <i>Please rate using time frames provided in the anchors</i>
0	Current criminal/delinquent behavior is the first known occurrence.
1	Youth has engaged in multiple criminal/delinquent acts in the past one year.
2	Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.

Check	ARRESTS <i>Please rate the highest level from the past 30 days</i>
0	Youth has no known arrests in past.
1	Youth has history of delinquency, but no arrests past 30 days.
2	Youth has 1 to 2 arrests in last 30 days.
3	Youth has more than 2 arrests in last 30 day.

Check	PLANNING <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.
2	Evidence of some planning of criminal/delinquent behavior.
3	Considerable evidence of significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.

Check	COMMUNITY SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in behavior that directly places community members in danger of significant physical harm.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**JUVENILE JUSTICE (JJ) MODULE (continued)
Coding Definitions**

Check	LEGAL COMPLIANCE <i>Please rate the highest level from the past 30 days</i>
0	Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
1	Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments)
2	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment)
3	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations)

Check	PEER INFLUENCES <i>Please rate the highest level from the past 30 days</i>
0	Youth's primary peer social network does not engage in criminal/delinquent behavior.
1	Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.
2	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.
3	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

Check	PARENTAL CRIMINAL BEHAVIOR (INFLUENCES) <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.
1	One of youth's parents has history of criminal/delinquent behavior but youth has not been in contact with this parent for at least one year.
2	One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year.
3	Both of youth's parents have history of criminal/delinquent behavior.

Check	ENVIRONMENTAL INFLUENCES <i>Please rate the environment around the youth's living situation</i>
0	No evidence that the child's environment stimulates or exposes the child to any criminal/delinquent behavior.
1	Mild problems in the child's environment that might expose the child to criminal/delinquent behavior.
2	Moderate problems in the child's environment that clearly expose the child to criminal/delinquent behavior.
3	Severe problems in the child's environment that stimulate the child to engage in criminal/delinquent behavior.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

Child's Name: _____ **Date of Birth:** _____

FIRE SETTING MODULE

Date of most recent fire-setting behavior ____/____/____

Describe the incident including circumstances, reasons, frequency and results/damage:

Was the child alone at the time of the incident or where other children involved?

(Circle response) ALONE WITH OTHERS

Rate the child on the following dimensions based on their most recent fire-setting behavior and any prior history of similar behaviors

	0	1	2	3	
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>see attached coding definitions</i>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use of accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intention to harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of future fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

KEY

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2=recent, act
3=acute, act immediately

Explain your assessment of the child's likelihood of future fire setting:

Name of Person completing Evaluation (print): _____

Signature of Evaluator: _____

Phone #: _____

Date: _____

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

**FIRE SETTING (FS) MODULE
Coding Definitions**

Check	SERIOUSNESS <i>Please rate most recent incident</i>
0	Child has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Child has engaged in fire setting that resulted only in some property damage that required repair.
2	Child has engaged in fire setting which caused significant damage to property (e.g. burned down house).
3	Child has engaged in fire setting that injured self or others.

Check	HISTORY <i>Please rate using time frames provided in the anchors</i>
0	Only one known occurrence of fire setting behavior.
1	Youth has engaged in multiple acts of fire setting in the past year.
2	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
3	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

Check	PLANNING <i>Please rate most recent incident</i>
0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

Check	USE OF ACCELERANTS <i>Please rate most recent incident</i>
0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

Check	INTENTION TO HARM <i>Please rate most recent incident</i>
0	Child did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Child did not intend to harm others but took no efforts to maintain safety.
2	Child intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Child intended to injure or kill others.

Check	COMMUNITY SAFETY <i>Please rate highest level in the past 30 days</i>
0	Child presents no risk to the community. He/she could be unsupervised in the community.
1	Child engages in fire setting behavior that represents a risk to community property.
2	Child engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Child engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Child attempts to use fires to hurt others.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT 5-17**

FIRE SETTING (FS) MODULE (continued)

Coding Definitions

<i>Check</i>	RESPONSE TO ACCUSATION <i>Please rate highest level in the past 30 days</i>
0	Child admits to behavior and expresses remorse and desire to not repeat.
1	Child partially admits to behaviors and expresses some remorse.
2	Child admits to behavior but does not express remorse.
3	Child neither admits to behavior nor expresses remorse. Child is in complete denial.

<i>Check</i>	REMORSE <i>Please rate highest level in the past 30 days</i>
0	Child accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child is able to apologize directly to effected people.
1	Child accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child is unable or unwilling to apologize to effected people.
2	Child accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
3	Child accepts no responsibility and does not appear to experience any remorse.

<i>Check</i>	LIKELIHOOD OF FUTURE FIRE SETTING <i>Please rate highest level in the past 30 days</i>
0	Child is unlikely to set fires in the future. Child able and willing to exert self-control over fire setting.
1	Child presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
2	Child remains at risk of fire setting if left unsupervised. Child struggles with self-control.
3	Child presents a real and present danger of fire setting in the immediate future. Child unable or unwilling to exert self-control over fire setting behavior.

Child's First	Middle	Last Name	Date			
<div style="border-bottom: 1px solid black; width: 100%;"></div> Child's DOB		Ethnicity	<input type="checkbox"/> Spanish	<input type="checkbox"/> Non-Spanish	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian <input type="checkbox"/> Native American <input type="checkbox"/> White	Zip Code	<div style="border-bottom: 1px solid black; width: 100%;"></div>			
Medicaid #	<div style="border-bottom: 1px solid black; width: 100%;"></div>		SSN	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
Mother's Maiden Name:	<div style="border-bottom: 1px solid black; width: 100%;"></div>		Agency:	<div style="border-bottom: 1px solid black; width: 100%;"></div>		

Assessor (Print Name)	Signature of Assessor

LIFE DOMAIN FUNCTIONING					
0 = no evidence of problems	1 = history, mild				
2 = moderate	3 = severe				
	NA	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School ¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental ²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS				
<input type="radio"/> Not applicable – no caregiver identified				
0 = no evidence	1 = minimal needs			
2 = moderate needs	3 = severe needs			
	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety ³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS				
0 = centerpiece	1 = useful			
2 = identified	3 = not yet identified			
	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents / Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual / Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL / EMOTIONAL NEEDS				
0 = no evidence	1 = history or sub-threshold, watch/prevent			
2 = causing problems, consistent with diagnosable disorder	3 = causing severe/dangerous problems			
	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse / Hyper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma ⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use ⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCULTURATION				
0 = no evidence	1 = minimal needs			
2 = moderate needs	3 = severe needs			
	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS				
0 = no evidence	1 = history, watch/prevent			
2 = recent, act	3 = acute, act immediately			
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others ⁶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression ⁷	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway ⁸	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency ⁹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting ¹⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULES	¹ go to School Module	See Back for Module Scoring
	² go to DD Module	
	³ go to Family Module	
	⁴ go to Trauma Module	
	⁵ go to SUD Module	
	⁶ go to Violence Module	
	⁷ go to SAB Module	
	⁸ go to Runaway Module	
	⁹ go to JJ Module	
	¹⁰ go to FS Module	

MODULES (5 – 17)

SCHOOL				
	0	1	2	3
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relations with Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEVELOPMENTAL NEEDS (DD)				
	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care / Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBSTANCE USE (SUD)				
	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY/CARETAKER				
	0	1	2	3
Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAUMA (<i>Characteristics of the trauma experience</i>)				
	0	1	2	3
Sexual Abuse*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim - Criminal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* If Sexual Abuse >0, complete the following:				
Emotional closeness to perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment	0	1	2	3
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Before Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIOLENCE MODULE				
Historical Risk Factors	0	1	2	3
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/Behavioral Risks	0	1	2	3
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary gains from anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency Factors	0	1	2	3
Aware of violence potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAB – SEXUALLY AGGRESSIVE BEHAVIOR				
	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RUNAWAY				
	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JJ – JUVENILE JUSTICE				
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FS – FIRE SETTING				
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Future Fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>